

1. ☐ No **1997** Covered Lives Assessment Obligation2. ☐ No **1997** Patient Services Surcharge Obligation3. ☐ Patient Services Payments Report Submitted Separately by Fund or TPA**MONTHLY PAYOR REPORT****1997 PUBLIC GOODS POOL**

## REPORT OF COVERED LIVES ASSESSMENTS

FOR THE MONTH OF \_\_\_\_\_, \_\_\_\_\_

PAYOR NAME \_\_\_\_\_

FEDERAL TAX ID# \_\_\_\_\_

TPA NAME (if applicable) \_\_\_\_\_

TPA FEDERAL TAX ID# \_\_\_\_\_

I. **For the January 1997 through December 1997 monthly reports only:** Enter the total number of **1997** covered lives, before apportionment, for the month. **Commencing with the January 1998 and subsequent monthly reports:** Proceed to Lines (M) and (N) on page 2.

	COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(A)	# INDIVIDUALS								
(B)	# FAMILY UNITS								

II. **For the January 1997 through December 1997 monthly reports only:** Of the total number of **1997** covered lives reported above, enter the number of covered lives subject to apportionment between/among insurers for the month, the percentage of assessment cost which you will be paying on the number of apportioned lives, and the resultant product. **Lines C through H: Round to the nearest whole number.**

		APPORTIONMENT OF COVERED LIVES	REGION							
			NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(C)		# INDIVIDUALS SUBJECT TO APPORTIONMENT								
(D)		APPORTIONMENT PERCENTAGE								
(E)		APPORTIONED # OF INDIVIDUAL COVERED LIVES (C x D)								
(F)		# FAMILY UNITS SUBJECT TO APPORTIONMENT								
(G)		APPORTIONMENT PERCENTAGE								
(H)		APPORTIONED # OF FAMILY UNITS COVERED LIVES (F x G)								

**1997**

**1997 Public Goods Pool**  
REPORT OF COVERED LIVES ASSESSMENTS – con't

FOR THE MONTH OF \_\_\_\_\_, \_\_\_\_\_

PAYOR NAME \_\_\_\_\_

FEDERAL TAX ID# \_\_\_\_\_

TPA NAME (if applicable) \_\_\_\_\_

TPA FEDERAL TAX ID# \_\_\_\_\_

III. **For the January 1997 through December 1997 monthly reports only:** Enter the net number of **1997** covered lives (to the nearest whole number) after apportionment and before prior period adjustments.

	NET COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(I)	# INDIVIDUALS (A-C)+E								
(J)	# FAMILY (B-F)+H								

IV. **For the January 1997 monthly report only:** Make no entry on Lines (K) and (L) and proceed to Lines (M) and (N). **For the February 1997 through December 1997 monthly reports only:** Enter the net number of **1997** covered lives under or (over) reported for prior periods (Prior Period Adjustments).

2017 Covered Lives Under or (Over) Reported for Prior Periods (Prior Period Adjustments).								
NET COVERED LIVES PRIOR PERIODS	REGION							
	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(K)	# INDIVIDUALS							
(L)	# FAMILY							

V. **For the January 1997 monthly report only:** Carry the amounts forward from Lines (I) and (J). **For the February 1997 through December 1997 monthly reports only:** Enter the total number of **1997** covered lives (to the nearest whole number) after apportionment and prior period adjustments (Lines I+K and Lines J+L). **Commencing with the January 1998 and subsequent monthly reports:** Enter the total number of **1997** covered lives (to the nearest whole number) under or (over) reported for prior periods (Prior Period Adjustments).

LIVES (to the nearest whole number) under \$1,000 reported for prior periods (Prior Period Adjustments):								
TOTAL COVERED LIVES	REGION							
	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(M)	# INDIVIDUALS							
(N)	# FAMILY							

**1997**

**1997 Public Goods Pool**  
REPORT OF COVERED LIVES ASSESSMENTS – con't

FOR THE MONTH OF \_\_\_\_\_, \_\_\_\_\_

PAYOR NAME \_\_\_\_\_

FEDERAL TAX ID# \_\_\_\_\_

TPA NAME (if applicable) \_\_\_\_\_

TPA FEDERAL TAX ID# \_\_\_\_\_

VI. Schedule of regional covered lives annual assessment rate.

	ANNUAL ASSESSMENT RATE	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(O)	INDIVIDUAL UNIT	116.75	33.81	21.18	23.03	4.69	27.01	51.87	18.37
(P)	FAMILY UNITS	385.29	111.58	69.91	75.99	15.48	89.14	171.18	60.63

VII. Enter the **1997** regional covered lives assessment amounts after including period adjustments. **Lines Q through S- Round to the nearest tenth. Line T- Round to the nearest whole dollar.**

	ANNUAL ASSESSMENT	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(Q)	INDIVIDUAL UNIT (M x O)								
(R)	FAMILY UNITS (N x P)								
(S)	TOTALS (Q + R)								
(T)	1997 MONTHLY PAYMENT LIABILITY (S / 12)								

VIII. Enter the total **1997** covered lives liability for the month (Total Line T) - Carry forward to the Payment and Reconciliation Summary.

**1997**